

<b>Case Number:</b>	CM13-0053472		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/22/2006
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 53 year old man who sustained a work-related injury on November 22, 2006. Subsequently he developed chronic neck and right shoulder pain. The patient underwent a cervical fusion on the August 2009. According to the notes dated October 16, 2013, the patient was complaining of neck and right shoulder pain. It was described as an aching and stabbing pain. He also reported to headache, numbness and weakness in the right arm. Physical examination demonstrated significant tenderness with reduced range of motion and spasm. Electrodiagnostic study was performed on November 21, 2011 and documented no evidence of carpal tunnel, cervical radiculopathy or ulnar nerve entrapment. His MRI of the cervical spine documented post surgical changes. The provider requested authorization for cervical epidural injection.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**cervical epidural steroid injection at C6-7 with IV sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** According to MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients with radicular pain who have failed other conservative treatment modalities. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no clinical and objective documentation of radiculopathy. MTUS guidelines does not recommend epidural injections for neck pain without radiculopathy. The requested injection is not medically necessary.